

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

RADIOLOGY TECHNOLOGIST or
RADIOLOGY PRACTICAL TECHNICIAN

DOPL-AP-022 REV 12/03/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a **Radiology Technologist**, complete the following in addition to submitting a completed application:

1. Submit a copy of your ARRT Certification or a copy of your NMTCB Certification.
2. Submit a **\$70.00** non-refundable application processing fee, made payable to "DOPL."

If you are applying for licensure as a **Radiology Practical Technician**, complete the following in addition to submitting a completed application:

1. If you passed the ARRT Limited Scope or the ARRT Bone Densitometry Equipment Operators examinations in Utah, attach the letter from Experior documenting your passing scores on the examination(s).

OR

If you passed the ARRT Limited Scope or the ARRT Bone Densitometry Equipment Operators (BDEO) examinations in another state, request that state to complete and submit a “Request for Verification of Licensure” form (attached to this application) documenting your passing scores to the Division.

2. Submit a **\$70.00** non-refundable application processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as Radiology Technologist or Radiology Practical Technician.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- Division of Occupational & Professional Licensing Act
- General Rules of the Division of Occupational & Professional Licensing
- Radiology Technology and Radiology Practical Technician Licensing Act
- Radiology Technology and Radiology Practical Technician Licensing Act Rules

2. **ARRT Examinations for Licensure as a Radiology Technologist:**

ARRT examinations are available in Radiography, Radiation Therapy Technology, or Nuclear Medicine Technology. To register to take one or more of the ARRT Examinations for licensure as a Radiology Technologist contact your program director at your college or university, call ARRT at (651) 687-0048, or visit ARRT’s internet site at www.arrt.org.

3. **Nuclear Medicine Technology Certification Board (NMTCB) Examination for Licensure as a Radiology Technologist:**

To register to take the NMTCB Examination, contact NMTCB at (404) 315-1739.

4. **ARRT Examinations for Licensure as a Radiology Practical Technician:**

Applicants for licensure as a Radiology Practical Technician must pass the ARRT Limited Scope of Practice in Radiography Examination, which includes passing the core examination and at least one of the limited scope examinations, or the ARRT Bone Densitometry Equipment Operators Examination.

If you took the ARRT Limited Scope or the ARRT Bone Densitometry Equipment Operators Examination in another state, request that state to complete a “Request for Verification of Licensure” (attached to this application) for submission with your license application. If the State Board will only submit the “Verification of Licensure” directly to the Utah Board, so indicate in the appropriate section of the application.

Contact Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009, to register and pay for the limited scope examinations.

Once you pass the required examinations you will be issued a score report (letter from Experior) which you must include with your license application.

5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **License Renewal:** All radiology licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee’s last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

7. **Renewal Requirements / Continuing Education:** At the time of each renewal period and as a condition to renew the license, each licensed radiology technologist must show satisfactory evidence of completing 16 hours of professional education, and each licensed radiology practical technician must show satisfactory evidence of completing 10 hours of professional education. Refer to the law and rules for complete detailed information.
8. **Temporary License:** The Division will not issue a temporary license. In order to practice radiology, a person must either be licensed or exempt from licensure.
9. **Updating Address Information:** It is a licensee’s responsibility to maintain a current

address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

10. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
11. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: _____ Radiology Technologist
_____ Radiology Practical Technician

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

RADIOLOGY QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
9. _____ Have you been named as a defendant in a malpractice suit?
10. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
11. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
12. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
13. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

(Questions continue on following page.)

14. _____ Have you ever been terminated from a position because of drug use or abuse?
15. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
16. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
17. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
18. _____ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
19. _____ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
20. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
21. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
22. _____ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
23. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 18, 19, 20, 21, 22, or 23 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

**This form is for use by radiology practical technician applicants only.
(See “Supporting Documents and Fees” section on pg. 2.)**

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to the Division or return it to you for submission with your application.

Applicant’s Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: _____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

(Continued on the reverse.)

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: _____ Expiration Date: _____

ARRT Limited Scope of Practice in Radiography Examination Results:

- | | |
|---|--------------------------|
| _____ ARRT Core | _____ ARRT Chest |
| _____ ARRT Extremities | _____ ARRT Skull/Sinuses |
| _____ ARRT Spine | _____ ARRT Podiatric |
| _____ Radiology Practical Tech. Bone Densitometry Equipment Operator (BDEO) | |

Other Examinations: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____ Agency: _____

Date: _____

(SEAL)